


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90126 019 ****61.25

DOCUMENT # N48958 1. Entity Name DEVONAIRE COMMERCE CENTER VIII CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12466 SW 128 ST MIAMI, FL 33186			Mailing Address 12466 SW 128 ST MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 12474 SW 128 ST Suite, Apt. #, etc.		3. Mailing Address 12474 SW 128 ST Suite, Apt. #, etc.			
City & State MIAMI, FL 33186 Zip		City & State MIAMI, FL 33186 Zip		4. FEI Number 65-0340877 Applied For <input type="checkbox"/> Not Applicable	
Country DADE		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, LANCELOT P 12464 SW 128 ST MIAMI, FL 33186				7. Name and Address of New Registered Agent Name ERNESTO ESTEVE Street Address (P.O. Box Number is Not Acceptable) 12474 SW 128 ST. City MIAMI, FL Zip Code 33186	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>ERNESTO ESTEVE</u> <u>3/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTEVE, ERNESTO A 12466 SW 128 ST MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEREBITSKY, ED 12468 S.W. 128 STREET MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, LANCELOT 12464 S.W. 128 STREET MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LANCELOT 12464 SW 128 ST MIAMI, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>ERNESTO ESTEVE</u> <u>3/17/07</u> <u>(305) 283-2610</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					